

July 1995

Clinical Center News

In this issue:

- New smoking policy
- MRI drops in
- Clinical Center kudos

Town meeting addresses budget realities

How do we cope with today's federal budget realities while continuing service as the country's only hospital devoted entirely to clinical research?

That's the essential question surrounding the Clinical Center today, and it topped the agenda at last month's town meeting.

Dr. John Gallin, CC director, shared the podium June 7 in Masur Auditorium with Dr. Helen Smits, deputy administrator of the Health Care Financing Administration, who chairs a committee looking for ways

to help the Clinical Center to do its vital business better. (See "Options Team" story on page 7.)

"The incentive is to improve the Clinical Center. It's not to dismantle it, it's not to close it. It's to make it stronger, make it better," Dr. Gallin said. "And we will look at all alternatives that are needed to do that."

"Our aim is . . . to find methods, to find legal flexibility," added Dr. Smits, "to let this place be for the next 25 years just as great as it's

been for the last 25 because you've got a lot of very important work to do."

Medical and scientific discoveries that have unfolded and are being developed within these walls have revolutionized biomedical research and clinical care in everything from cancer to infectious diseases. "At the same time," Dr. Gallin continued, "our government is in the midst of the most dramatic fiscal crisis of our lives, and the NIH and the Clinical Center will not be immune from the impact of all these events."

"The Clinical Center is the world's largest hospital devoted to clinical research and an invaluable asset to the nation," HHS Secretary Donna Shalala said in a May 11 broadcast message to employees. "However, rising costs at the Clinical Center have forced us to scale back some of our research programs. To preserve, protect, and strengthen our research we have to minimize overhead and hospital operating costs."

The second phase of Vice President Gore's reinventing government initiative, dubbed REGO-II, fuels this drive for increased efficiency at the Clinical Center. But, there will be no quick and global fix.

"Yes, we will be looking at



Dr. Helen Smits, who heads a committee looking for ways to make the CC operate more efficiently, joined Dr. John Gallin, CC director, at the podium during last month's town meeting to update employees on future directions.

Continued on page seven

Expanded smoking policy now in effect here

It's official. As of July 1, smoking is no longer allowed on the Clinical Center's sun deck. And if you're lighting up within 100 feet of any entrance, you're in violation of the new policy.

"The Clinical Center is a house of health," explains Dr. John Gallin, CC director. "This extension of the smoking policy demonstrates our commitment to good health. Clinical Center staff and patients deserve a smoke-free environment."

The new policy also was prompted by repeated complaints

about odor and litter caused by smoking at building entrances. "The building's negative pressure," Dr. Gallin points out, "intensifies this problem by continuously pulling the smoke inside."

The policy prohibits smoking around all entrances, in the parking garage, and stairwells.

The 100-foot rule means, for example, no smoking in the vicinity of the canopy at the library entrance or on the Clinical Center side of the sculpture at Building 10's front entrance.

The only exception to the new policy is for participants in research protocols that require the use of tobacco as part of the research.

CC employees who would like to kick the smoking habit may have help close at hand.

The education and training section, Office of Human Resource Development, will explore—if there's sufficient interest—offering an on-site, no-cost-to-employees course in quitting smoking. Call 496-1618 if you're interested.

answers

(Editor's note: Dr. John Gallin, CC director, asked employees to send him job-related concerns and questions. CCNews will print Dr. Gallin's responses in a periodic series that continues this month.)

(Question) How will any changes to Clinical Center operations that the Options Team proposes translate to physical layout and design of the Clinical Center? This is where most good ideas on efficiency often break down because of poor communication between medical and design professionals.

(Answer) We are going forth with the design of a new, 250-bed hospital for inpatients because this will offer us the most efficient, cost-effective way to provide patient-care services in the future. Funds for that design are included in the FY96 budget request. We will actively seek input from across the NIH community—nursing professionals, clinical directors, and technical staff, for example—as we plan this facility because it is imperative that we meet clinical research needs well into the next century.

In recent years we have been shifting our focus to outpatient care

while streamlining the inpatient side of the hospital. The new facility will allow us to maximize the use of outpatient areas, reallocate existing office and patient-care areas for lab space, and provide state-of-the-art inpatient facilities.

(Question) You have stated that CC functions won't be contracted out unless it improves efficiency and quality care. Who will make that determination? Clinical Center managers or the Options Team?

(Answer) The Options Team has as its mandate from Secretary Shalala to find better ways to conduct business at the Clinical Center. Doing business better may involve contracting out some aspects of our operations. Team members, who include NIH clinical investigators and administrators along with support staff familiar with our mission, are reviewing in detail what we do here, why we do it, and how. After evaluating their findings, they

will recommend how the Clinical Center should offer its services. Their final report goes to Dr. Philip Lee, assistant secretary for health, in January and then to Secretary Shalala.

I do not personally support contracting out the entire Clinical Center. Such a move would disrupt the delicate and valuable relationships between the CC and the institute staff that make our facility so special and so successful. Let me add a quote from the National Performance Review (NPR), a process that has in part prompted scrutiny of CC operations, about contracting. "The NPR is not interested in promoting contracting out simply to make FTE reductions. [Sections of the review's instructions] will ensure that conversions to or from contractors are authorized only when shown to be cost-effective."

CC staff and employees can help the entire process by cooperating with Options Team members. Your ideas and your insight are valued.

Clinical Center
News

Editor: Sara Byars

Clinical Center News, Building 10, Room 1C255, National Institutes of Health, Bethesda, Maryland 20892. (301) 496-2563. Fax: 402-2984. Published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, chief, for CC employees. News, article ideas, calendar events, letters, and photographs are welcome. Deadline for submissions is the second Monday of each month.



Interns in bioethics

Interning this summer with the Clinical Center's bioethics program are (seated from left) Lee Kuo of Seattle, a senior in philosophy and bioethics at Stanford University; Dr. Teresa Magone, a graduate of Frankfurt (Germany) University medical school; Leslie Meltzer of Houston, Texas, a senior in bioethics and history at the University of Virginia; and Neil Goyal of Potomac, a student at Columbia University College of Physicians and Surgeons. Interns take part in ethics committee meetings, clinics, rounds, and institution review boards. With them are (from left) Frederick Bonkovsky, program acting chief, and program staff members Evan DeRenzo, David Wendler, and Natascha Pointer.

briefs

NIH Blood Bank needs O positive

The NIH Blood Bank needs O-positive blood because of an increasing demand for that type at the Clinical Center. "Please help us spread the word," asks Keith Redmond, donor resources supervisor, "to your colleagues, family, friends, and church groups."

The NIH Blood Bank is open Mondays, Wednesdays, Thursdays and Fridays, 7:30 a.m.-3:30 p.m. and 7:30 a.m.-12:30 p.m. on Wednesdays. Hours every third Thursday of the month are 7:30 a.m.-6 p.m. Walk-ins are welcome, but appointments preferred. Call 496-1048.

For details on why O-positive blood is in such demand, see the next issue of *CCNews*.

Patients sought for NIDDK protocol

NIDDK needs individuals 18 and older with sickle cell disease to participate in various protocols. Investigations include an analgesic absorption study, blood and/or bone marrow sampling, and a neurological function study. Treatment studies include administration of medication,

which may prevent red blood cells from becoming sickled and reduce other complications of the disease. For more information, call Beth at 402-3087.

August classes set

The education and training section, Office of Human Resources Management, continues an employee lunch-time program, "Coping with Change: Staying Positive in the Face of Uncertainty," in August.

- "Feeling Calm in the Midst of Chaos," Aug. 2. Keeping calm and centered in the middle of a crisis can make the difference between safely weathering danger or becoming engulfed by troubles. This class will help you identify personal warning signs that mean danger and learn how to maintain your equilibrium by focusing on what's really important.

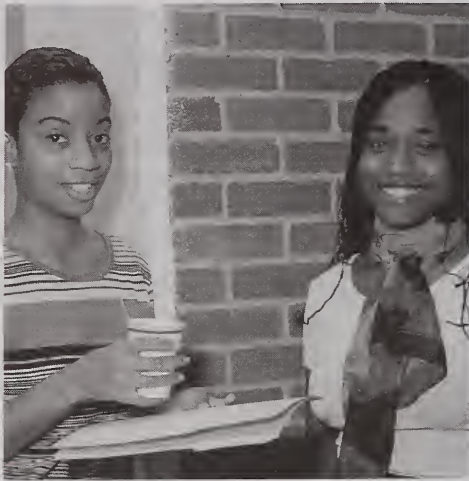
- "Looking at the Big Picture: Gaining Perspective," Aug. 9. Keeping a sense of perspective can help you make the right decision at the right moment and successfully negotiate change. You'll have a chance to develop an overview of your life using a powerful exercise. Next, learn to re-evaluate the significance of your accomplishments to help you decide your next step.

- "Expanding Your Creativity and Resourcefulness," Aug. 16. A stressor in change is the requirement to build resources. Understanding the process of making connections and offering your resources to others are essential skills to mediate change. This class will help you see the potential resource in yourself and others, and tap into the synergy that a work environment can create.

The programs will be in B1C22, noon- 1 p.m. Call 496-1618 to register.

Neuroimaging study calls for volunteers

A neuroimaging research project requires female subjects between 18 and 45 years old. The study, which involves limited radiation exposure as part of a single CT procedure, includes screen evaluation and MRI scan and opportunities for participation in other protocols. Intravenous access needed and no arterial line necessary. Payment provided for participation. The study is carried out on the campus of St. Elizabeth's Hospital in Washington. Call Dr. Eric Watsky at 202-373-6112 for details. His e-mail address is watskye@dirpc.nimh.nih.gov.



Summer students

Some 80 high school and college students from around the country have reported for summer jobs here. Working with departmental mentors, they are in administrative and laboratory positions throughout the Clinical Center. Dr. John Gallin, CC director, welcomed the group at an orientation session June 28. *Left:* Dawn Shivers (left) attends Montgomery College and Lakisha Blocker is a student at Eastern High School. *Above:* Walter Jones, CC deputy director for management and operations, talks with (from left) Tracy Jones, University of Maryland, Monia Fletcher, Bishop McNamara High School, and Dawn Jones, Columbia Union College.

people



Jean M. Green

Green named HFCD assistant chief

Jean M. Green, who has worked at the Clinical Center for 22 years, has been named assistant chief of the

Housekeeping and Fabric Care Department.

The District of Columbia native joined the staff here as an elevator operator, and has worked her way through the ranks as a housekeeping aide, hospital housekeeping assistant, assistant night service chief, and as ACRF section chief and general foreman.

"I enjoy working with people," Green says, "and look forward to helping get the department running efficiently. I want people to look at the Clinical Center and say how clean the building looks. The entire department takes pride in that."

Nurses retire

Seven CC nurses were honored upon their retirement with a reception in June. They were Madge Albin, Joanne Beman, Betty Brown, Janice Cresap, Janet King, Florence Todd, and Ann Yates.

Professional award honors Hellinger

Lynn Hellinger, chief of the personnel operations section, Office of Human Resources Management, has been named human resource specialist of the year by the International Personnel Management Association's eastern region. The award was presented at the association's conference last month in Rhode Island.

Since joining the CC staff in 1988, Hellinger has worked on a variety of key initiatives, including with the team that developed and administered the Clinical Center's first employee survey. Among major projects she's been involved in are the Nutrition Department's reorganization, and development of NIH and CC policies for reasonable accommodation and the use of KSAs in staff recruitment.



Lewis receives award

Dr. Thomas L. Lewis (left) received an NIH Director's Award from NIH Director Dr. Harold Varmus in ceremonies June 13. Dr. Lewis is associate CC director for information systems.

CC staffers honored in NIH awards ceremonies

Clinical Center staffers were among those honored during the 1995 NIH director's awards ceremony June 13.

Dr. Thomas L. Lewis, associate CC director for information systems, received an NIH Director's Award "for extraordinary hard work enthusiasm, loyalty, and commitment to the Clinical Center and NIH."

Dr. Lewis, who has also served as CC acting deputy director and executive officer, was nominated for his "extraordinary perseverance and skill in leading the Clinical Center."

Receiving a group Director's Award were Thomas S. Reed, director of the Office of Human Resources Management, Elizabeth Sands and Jane M. Thurber. Sands is chief of the office's special initiative section and Thurber is a personnel management specialist in the section.

The trio shared the award with Marvin Lee, director of the Division of Workforce Development NIH Office of Human Resources Management, and OHRM personnel management specialists Joyce F.

LaPlante and Judy Vickers. Their award was for "exemplary work in providing analysis and support that led to the implementation of Title 38 pay systems for physicians at the NIH."

Director's Awards are given for superior performance of special efforts significantly beyond the regular duty requirements and directly related to fulfilling the NIH mission.

Dr. Joseph A. Kovacs, head of the AIDS section in the Critical Care Medicine Department and a commander in the PHS Commissioned Corps, received the Outstanding Service Medal in "recognition for outstanding leadership in developing immunotherapy for patients with HIV infection and related opportunistic infections."

His award is presented to commissioned officers who have demonstrated outstanding continuous leadership in carrying out the mission of the Public Health Service,

performed a single accomplishment which has had a major effect on the health of the nation, or performed a heroic act resulting in the preservation of health or property.

Commissioned Corps officers earning a PHS Commendation Medal were Lisa Dolan-Branton, Charles Clark, Anthony Suffredini, Inez Ernst, Robert Danner, Peter Eichacker, and Andrew Sparber.

Receiving the PHS Unit Commendation Medal were Janice Anderson, Sara Bergerson, Pamela Brye, Denise Ford, Celia Hayes, Maureen Leser, Ainslie Pitcher, Patti Riggs, Melissa Zafonte, Diane Hobbs, Patricia Nottingham, Karen Vorsteg, Monique Petrofsky, Josephine Divel, Shawn Googins, Janet Jones, Elaine Ayres, Alberta Bourn, Marilyn Flood, Sara Gillis, Jean King, Rosemary Parisi, Janice Rary, Nancy Sebring, Stacey Feldman, Daniel Cline, Roger Broseus, Robert Leedham, and Janice Drass.

New unit enhances imaging capabilities



(Above and right) Diagnostic Radiology added a new, state-of-the-art magnetic resonance scanner system in May. The 20,000-pound unit had to be lifted from truck bed by crane and slowly moved to its new home in what used to be the courtyard outside the Department of Transfusion Medicine. The unit's hardware and electronics were assembled in Milwaukee. The magnet was made in North Carolina. (Photos for CCNews by Bill Branson.)



Crews slowly lowered the unit through a hatch in the roof.



The unit is internally shielded electronically which keeps external magnetic fields to a minimum. The room is lined with copper to keep radio signals out. The signals will blur images.

... town meeting covers Clinical Center plans

Continued from page one

whether contracting out portions of the Clinical Center is a wise direction," Dr. Gallin explained. "But, we will not do anything if it can't be shown to be cost-effective and if we can't clearly convince ourselves that the recommendations will result in a better research enterprise. Contracting out the entire Clinical Center would clearly, in my opinion, disrupt the delicate and valuable relationships between the Clinical Center and institute staff that make our facility so special and so successful."

"Remember, half—50 percent—of your budget," added Dr. Smits, "is not personnel costs. It's other costs. It's possible to find tremendous savings in there which help become the cushion that allows you to maintain the employment, retain good staff, and keep good people here."

Options Team members will scrutinize how other similar institutions operate to help determine strategies for savings that would work here.

"That's very important for people here, many of whom have grown up in this culture over many years, to see what it's like outside, to see what information systems are like, to see how people do budget control," Dr. Smits explained.

"Research centers nationwide are dealing with these challenges in different ways because they are experiencing many of the same challenges," Dr. Gallin said. "Some academic centers are merging to alleviate problems. Other hospitals are closing and eliminating their research enterprises. But the Clinical Center must stay open. It must stay open as both a symbol of what we represent to the clinical research process in this country and because of what we do in clinical research," he said.

Several factors have conspired to drive up the cost of clinical research, including a decline in the patient

census due to:

- The elimination of omnibus protocols, which covered patients admitted to the Clinical Center for standard, routine care.

- An increase in the number of patients seen as outpatients rather than as inpatients.

- A reduction in money available for patient travel.

- Competition with managed-care health plans.

Even so, Dr. Gallin added, Clinical Center costs have grown at a significantly slower pace between

1990 and 1995 than has the NIH management fund, money used to support the campus infrastructure and the entire intramural program. During this time the management fund grew by about 25 percent and the intramural budget by 27 percent, while Clinical Center overall costs increased by only 17 percent.

Another town meeting is planned for employees not able to attend the June session. At press time, the date and time were not available. Watch for fliers with the details.

—by Sara Byars

Options Team reviewing the CC to find best ways of operating

HHS Secretary Donna Shalala formed the Options Team and gave as its mandate a top-to-bottom review of CC operations to determine ways to create efficiencies here. Dr. Helen Smits, deputy administrator of the Health Care Financing Administration, chairs the team.

"What we want to do here," Dr. Smits told those attending last month's CC town meeting, "is figure ways—and I'm just your consultant—to help you operate as efficiently and effectively as you can in the modern world. And that's my goal."

Participation by all employees is critical to the process. "Write me. E-mail me [hsmits@nih.gov]. Stop me in the halls," Dr. Smits added. "I need your input if we're going to do the best possible job we can in this very complicated effort."

Team members are Dr. Alan Breier, NIMH; Dr. Gregory Curt, NCI; Michael Goldrich and Dr. Steven Holland, NIAID; Dr. Christine Grady, NINR; Dr. Jeffrey Hoeg and Dr. Griffin Rodgers, NHLBI; Francine Little, OFM; Dr. Judith Vaitukaitis, NCCR; and Dr. John Gallin, Dr. David Henderson, Walter Jones, Dr. Harvey Klein, and Kathy Montgomery, CC. Dr. Ruth Kirschstein, NIH deputy director, is an ex-officio member.

External consultants to the team are Dr. Greg L. Eastwood, SUNY Health Science Center; John J. Finan, Jr., Barnes Hospital; William B. Kerr, Medical Center and the University of California at San Francisco; Dr. Gloria Opirhory, John Dempsey Hospital, University of Connecticut; Dr. John W. Rowe, Mount Sinai Medical Center; Stephen C. Schimpff, University of Maryland Medical Center; Dr. Ralph Snyderman, Duke University; and Dr. Samuel O. Thier, Massachusetts General Hospital.

Dr. Gallin will present an overview of the Options Team to NIH Director Dr. Harold Varmus's new advisory panel on clinical research this month. In September, the team will develop their "future vision" statement, draft subcommittee reports, and update the clinical research advisory panel. A final report to the HHS assistant secretary is expected January 1. It will go next to Secretary Shalala.



Clean sweep

Julia Calhoun directs traffic while George Winestock Jr. mops up a spill on a busy CC corridor. Housekeeping and Fabric Care department members take safety seriously.

Pay attention to avoid slip-sliding away

It happens every day. A moment of inattention. Bright yellow wet-floor signs ignored. Slip, bump, boom. Flattened by a wet floor.

"People tend to ignore the yellow warning signs," admits Henry Primas, chief of the Housekeeping and Fabric Care Department. "I've seen it here at the Clinical Center, and I've seen it at other institutions."

But housekeeping staffers take it seriously. "Our staff members are careful to place the warning signs. We don't want anyone at the Clinical Center to injure themselves," he says.

"We use the two-foot-tall yellow warning signs to alert people to a wet floor. And watch for our new signs which look like little men."

Sometimes the floors are wet with water. Quite often, though, the floors are wet with a substance that may be far more slippery. Walking on floors covered with oil, stripping solution, or floor finishes can be like trying to navigate on ice, Primas says.

Housekeeping staff try to perform most mopping after regular

business hours, but it's not always possible. Every effort is made to leave a dry detour around wet areas, Primas points out, and a housekeeping staff member can direct traffic to safer areas to walk.

"It's becoming more and more important to heed the warning signs," he says, "because we are using more and more environmentally friendly—but slipperier—cleaning products."

july

- 5** **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Bench to Bedside—Cocaine Addiction: Pathophysiology and Treatment, George R. Uhl, M.D., Ph.D., and David A. Gorelick, M.D. Ph.D., NIDA
- 12** **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Current Allogenic Research in Department of Transfusion Medicine, Susan F. Leitman, M.D., CC; *Kevorkian, Rehnquist, and Us: Issues in Informed Consent*, Frederick O. Bonkovsky, Ph.D., CC

- 19** **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Bench to Bedside—NCI Navy Study of Lung Cancer Patients, Margaret A. Tucker, M.D., NCI; *Genetic Changes in Metachronous Lung Cancers* Michael Kelley, M.D., NCI
- 26** **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Myocardial Viability: Definition, Detection, and Clinical Relevance, Vasken Dilsizian, M.D., CC/NHLBI; *The Vesalius Project: A Window into the Synergy of Human Motion*, Steven Stanhope, Ph.D., CC